



THE MANITOBA ASSOCIATION OF ARCHITECTS  
SUITE 101 - 177 LOMBARD AVENUE WINNIPEG MANITOBA R3B 0W5  
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### APPLICATION FOR STUDENT MEMBERSHIP

NAME IN FULL (PLEASE PRINT):

RESIDENCE ADDRESS:

NO. & STREET

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER (RES):

EMAIL:

(IF APPLICABLE:)

PRESENT EMPLOYER:

EMPLOYER'S ADDRESS:

NO. & STREET

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER (BUS):

PREFERRED MAILING ADDRESS:

RESIDENCE

BUSINESS

I AM

AM NOT

PRESENTLY ENROLLED IN THE DEPARTMENT OF

(DEPARTMENT)

AT THE

(UNIVERSITY OR SCHOOL OF ARCHITECTURE)

AND/BUT HAVE COMPLETED THE

YEAR OF THE ACCREDITED PROGRAM.

**OR**

I AM PRESENTLY ENROLLED IN THE RAIC SYLLABUS IN THE

(YEAR OF STUDIES)

DATE OF BIRTH: (MTH/DAY/YEAR):

DEGREE (S): (1)

(2)

FROM: (1)

IN

(2)

(UNIVERSITY OR SCHOOL OF ARCHITECTURE)

IN

(MONTH & YEAR)

#### YOU MUST ALSO ENCLOSE OR PROVIDE THE FOLLOWING

**WITH APPLICATION FOR STUDENT MEMBERSHIP:**

- SATISFACTORY EVIDENCE OF ELIGIBILITY;
- A PHOTOCOPY OF DEGREE(S), IF APPLICABLE.

**TO ALSO OBTAIN AN EXPERIENCE RECORD BOOK:**

- COMPLETED EMPLOYER CONFIRMATION FORM;
- COMPLETED MENTOR CONFIRMATION FORM;
- STUDENT ELIGIBILITY CONFIRMATION (FOR THOSE ENROLLED IN A CACB ACCREDITED PROGRAM).

(MEMBERSHIP DUES, AS APPLICABLE, WILL BE INVOICED AFTER YOUR APPLICATION HAS BEEN ACCEPTED.)